

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Ian Robinson

Confirmation No.: 2918

Application No.: 10/689,275

Examiner: Sophia Vlahos

Filing Date: 20 October 2003

Group Art Unit: 2611

Title: *Systems and Methods for Signal Conversion*

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- ☒ Response/Amendment ☐ Request to extend time to respond
☐ New fee as calculated below ☐ Supplemental Declaration
☒ No additional fee
 Other: _____ (fee \$ _____)

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
FOR	CLAIMS REMAINING AFTER AMENDMENT	NUMBER EXTRA	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS		MINUS		0	\$52.00	\$
INDEP. CLAIMS		MINUS		0	\$220.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					\$390.00	
EXTENSION FEE	1ST MONTH	2ND MONTH	3RD MONTH	4TH MONTH		
	\$130.00 <input type="checkbox"/>	\$490.00 <input type="checkbox"/>	\$1,110.00 <input type="checkbox"/>	\$1,730.00 <input type="checkbox"/>		
					OTHER FEES	\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$

Charge \$ _____ to Deposit account 20-0090. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 20-0090 pursuant to 36 CFR 1.25. Additionally, please charge any fees to Deposit Account 20-0090 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

I hereby certify that this document is being transmitted to the Patent and Trademark Office via electronic filing (EFS).

Respectfully submitted,

Date of Transmission: 5 November 2008

By _____/Christopher P Harris/

Christopher P. Harris

Attorney/Agent for Applicant(s)

Reg. No.: 43.660

Date: 5 November 2008

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Lisa L. Pringle

/Lisa L. Pringle/

Signature _____